

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/051549 FILING DATE

APPLICANT(S) Alvarez Fernandez

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	/		/			
TOTAL DEP.	3	↔	3	↔		↔
TOTAL CLAIMS	4	████████	4	████████	████████	████

TOTAL IND.	████████	████████	████████	████████
TOTAL DEP.	████████	████████	████████	████████
TOTAL CLAIMS	████████	████████	████████	████████